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CONFIRMATION NO. 5619

SERIAL NUMBER 10/777,740	FILING OR 371(c) DATE 02/12/2004 RULE	CLASS 600	GROUP ART UNIT 3737	ATTORNEY DOCKET NO. END-5015NP
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APPLICANTS

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**** CONTINUING DATA ******* *BR*

This appln claims benefit of 60/447,543 02/14/2003

**** FOREIGN APPLICATIONS *******

NONE

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

**** 05/08/2004**

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY OH	SHEETS DRAWING 10	TOTAL CLAIMS 8	INDEPENDENT CLAIMS 2
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met				
Verified and Acknowledged Examiner's Signature <i>Allowance</i> <i>Key</i> <i>BR</i> Initials				

ADDRESS

000027777

TITLE

Fingertip ultrasound medical instrument

FILING FEE RECEIVED 770	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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